



**CEMETERY AND FUNERAL PROGRAM**  
P. O. Box 989003  
WEST SACRAMENTO, CA 95798-9003  
(916) 327-3219



**Application for Change in Location of Funeral Establishment**

APPLICATION FEE: \$250.00

<i>For Office Use Only</i>			
Date Received: _____			
Fee _____			
B.C.	P.C.	C.C.	M.O.
Receipt No. _____			

**PLEASE PRINT OR TYPE**

Funeral Establishment Name: _____	License No. FD _____	Phone No. ( ) _____
-----------------------------------	-------------------------	------------------------

***Change of Location From:***

Present Office Address: (Number) _____ (Street) _____ (City) _____ (County) _____ (Zip Code) _____
Present Storage / Preparation Room Address: (Number & Street) _____ (City) _____ (County) _____ (Zip Code) _____

***Change of Location To:***

New Office Address: (Number) _____ (Street) _____ (City) _____ (County) _____ (Zip Code) _____
New Storage / Preparation Room Address: (Number & Street) _____ (City) _____ (County) _____ (Zip Code) _____

***Current Ownership:***

INDIVIDUAL (Sole Owner)		PARTNERSHIP		CORPORATION	
Name of Corporation		Date Incorporated		State Incorporated	
Owner(s) Name (List names of all Partners – Individual Owner – Corporate Officers & Title)					
Name of Managing Funeral Director				License No. FDR _____	

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that upon approval of a change of location by the Cemetery and Funeral Program, the establishment shall be equipped and the business conducted in accordance with the laws and the rules and regulations as prescribed by said Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Rev. 6/99)